

APPLICATION FOR EMPLOYMENT CITY OF SEABROOK



www.seabrooktx.gov

The City of Seabrook will accept applications or resumes only when there is an open and/or posted position. Unsolicited resumes will not be retained.

If you are interviewed and given a job offer, this offer is **contingent** upon the successful results of a drug screening, background check, driving record check, a pre-employment physical and on some positions, a credit check.

Applications for employment are accepted without regard to race, color, national origin, sex, age as required by law, veteran's status, or disability status. Reasonable accommodations for individuals with disabilities will be made, when necessary, during the application process.

Any application or supplement containing any misrepresentation by the applicant will be cause for cancellation of the application process or termination if they have been hired by the city.

Applications for employment will expire after 90 days unless otherwise notified.

Human Resources Department

SUBMIT TO:
HUMAN RESOURCES
1700 FIRST STREET
SEABROOK, TX 77586

Gayle Cook
HR Manager
gcook@seabrooktx.gov
281-291-5680

Joyce Bice
HR Specialist
jbice@seabrooktx.gov
281-291-5664

An Equal Opportunity / Equal Access Employer

City of Seabrook Employment Application

The City of Seabrook is an Affirmative Action/Equal Opportunity Employer of qualified individuals.



APPLICANT DATA

LAST NAME					FIRST NAME					MIDDLE NAME					
DRIVERS LICENSE NUMBER					STATE OF ISSUANCE					CLASS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C					
PRESENT ADDRESS					APT. NO.		CITY					STATE		ZIP	
HOME PHONE					CELL PHONE OR ALTERNATE NUMBER					ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMAIL ADDRESS															
POSITION APPLYING FOR:										DATE YOU CAN START					
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU SEEKING: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal									
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF SEABROOK? <input type="checkbox"/> YES <input type="checkbox"/> NO					DEPARTMENT:					DATES:					
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SEABROOK? <input type="checkbox"/> YES <input type="checkbox"/> NO					DEPARTMENT:					DATES:					
REASON FOR LEAVING															
DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR THE CITY OF SEABROOK? <input type="checkbox"/> YES <input type="checkbox"/> NO					NAMES:					RELATIONSHIP:					
HOW DID YOU FIND OUT ABOUT THIS JOB OPPORTUNITY? <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Walk In/Bulletin Board <input type="checkbox"/> TWC <input type="checkbox"/> Online <input type="checkbox"/> Other _____															
RESIDENCES IN THE PAST TEN (10) YEARS															
RESIDENCE #1															
ADDRESS					CITY , STATE , ZIP					FROM (MM/YY)		TO (MM/YY)			
RESIDENCE #2															
ADDRESS					CITY , STATE , ZIP					FROM (MM/YY)		TO (MM/YY)			
RESIDENCE #3															
ADDRESS					CITY , STATE , ZIP					FROM (MM/YY)		TO (MM/YY)			
RESIDENCE #4															
ADDRESS					CITY , STATE , ZIP					FROM (MM/YY)		TO (MM/YY)			

CRIMINAL HISTORY

Have you ever been convicted of, or have charges pending for, a felony or misdemeanor, other than a minor traffic violation?

☐ YES ☐ NO If yes, please provide the following information below.

NOTE: This includes offenses for which probation, community supervision OR deferred adjudication was granted.

Type of Offense	Location	Disposition of case
Type of Offense	Location	Disposition of case
Type of Offense	Location	Disposition of case

Have you ever been charged with or have charges pending for an offense that resulted in a conviction, probation, community supervision or deferred adjudication?

☐ YES ☐ NO If yes, please provide the following information below.

NOTE: This includes DWI, DUI, driving while license suspended, reckless driving and other charges related to driving.

Type of Offense	Location	Disposition of case
Type of Offense	Location	Disposition of case
Type of Offense	Location	Disposition of case

If you are unable to certify to the following statement, please leave blank.

CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION

I _____ certify the following statements are true and correct:

- I have never been convicted of a felony
- I am not currently under indictment for a felony.
- I am not currently under adjudication for a felony
- I am not the subject of an arrest warrant for a felony
- I have not been released from imprisonment for a felony conviction within the last five years

X _____

Signature of Applicant

Date

EDUCATION

Name(s) listed on Diploma:

SCHOOL LEVEL	NAME OF SCHOOL AND CITY, STATE, ZIP	DID YOU GRADUATE?	DEGREE/TITLE
GED			
HIGH SCHOOL			
COLLEGE			
TECHNICAL/ BUSINESS			

SPECIAL SKILLS AND LICENSES/CERTIFICATIONS

OFFICE	<input type="checkbox"/> MS ACCESS Other software: _____ <input type="checkbox"/> MS WORD _____ <input type="checkbox"/> MS POWER POINT _____ <input type="checkbox"/> MS PUBLISHER <input type="checkbox"/> MS EXCEL <input type="checkbox"/> MS OUTLOOK																			
PUBLIC WORKS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">SURFACE WATER</td> <td style="width: 20%;">GRADE: _____</td> <td style="width: 20%;">CURRENT ?</td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td>WASTEWATER TREATMENT</td> <td>GRADE: _____</td> <td>CURRENT ?</td> <td style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td>WATER DISTRIBUTION</td> <td>GRADE: _____</td> <td>CURRENT ?</td> <td style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td>WASTEWATER COLLECTION</td> <td>GRADE: _____</td> <td>CURRENT ?</td> <td style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>				SURFACE WATER	GRADE: _____	CURRENT ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WASTEWATER TREATMENT	GRADE: _____	CURRENT ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WATER DISTRIBUTION	GRADE: _____	CURRENT ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WASTEWATER COLLECTION	GRADE: _____	CURRENT ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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WASTEWATER COLLECTION	GRADE: _____	CURRENT ?	<input type="checkbox"/> YES <input type="checkbox"/> NO																	
<p>List <u>CERTIFICATIONS</u>, <u>SKILLS</u> and <u>STRENGTHS</u> that qualify you for this position.</p>	<div style="margin-top: 10px;">1. _____</div> <div style="margin-top: 10px;">2. _____</div> <div style="margin-top: 10px;">3. _____</div> <div style="margin-top: 10px;">4. _____</div> <div style="margin-top: 10px;">5. _____</div>																			

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. Also, include relevant voluntary and/or part-time work experience.

CURRENT OR LAST EMPLOYER		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING SALARY	ENDING SALARY	
RESPONSIBILITIES			
FROM (MM/YY)	TO (MM/YY)	REASON FOR LEAVING	
MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYER		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING SALARY	ENDING SALARY	
RESPONSIBILITIES			
FROM (MM/YY)	TO (MM/YY)	REASON FOR LEAVING	
MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYER		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING SALARY	ENDING SALARY	
RESPONSIBILITIES			
FROM (MM/YY)	TO (MM/YY)	REASON FOR LEAVING	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMPLOYER		PHONE	
ADDRESS		SUPERVISOR	
JOB TITLE	STARTING SALARY	ENDING SALARY	
RESPONSIBILITIES			
FROM (MM/YY)	TO (MM/YY)	REASON FOR LEAVING	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PERSONAL REFERENCES

List three people not related to you by blood or marriage that have not been listed in the Employment History Section that can provide personal or professional references.

References must be in a local vicinity to your place of residence and not out of state.

Name	Address	Phone Number (Daytime) Email Address	Years Acquainted
Name	Address	Phone Number (Daytime) Email Address	Years Acquainted
Name	Address	Phone Number (Daytime) Email Address	Years Acquainted

AUTHORIZATION AND CERTIFICATION

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. The applicant releases the employer, and all persons and entities who supply the employer with information pertaining to the applicant, from any and all liability, including liability arising from the employer's negligence, arising from the employer's verification of the applicant's prior employment history, criminal record, references and any other background information pertaining to the applicant.

I understand that the City of Seabrook is an "at will" employer as defined by applicable laws. All potential employees are subject to a drug screen and, depending on the position, a driving record check, a criminal history review, a polygraph examination, a credit history check, and a verification of physical and mental capability to perform the essential functions of the job.

Applicant's Printed Name

Date

X

Applicant's Signature

City of Seabrook (Rev. 1/2013)
EQUAL OPPORTUNITY INFORMATION



The following information is requested as part of the affirmative action program and to provide statistical information in compliance with Federal and State regulations. Providing this information is voluntary. All information will be kept confidential and used only in accordance with Federal and State law. Refusal to provide information will not subject the applicant or employee to any adverse treatment.

Will you need a reasonable accommodation applicable to the Americans with Disabilities Act (ADA)? ☐ Yes ☐ No

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		
SEX <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	POSITION APPLIED FOR

RACE/ETHNIC GROUP

	Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
	Race missing or unknown - Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

MILITARY HISTORY

	SPECIAL DISABLED VETERAN: Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
	VIETNAM ERA VETERAN: A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

City of Seabrook

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION / INVESTIGATIVE CONSUMER REPORT INFORMATION

I understand that CITY OF SEABROOK will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, CITY OF SEABROOK may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information involving criminal conviction status, employment and professional license verification and history, education verification, references (personal and professional), character, past employment, work habits, general reputation, personal characteristics, mode of living, civil judgments or other civil actions, court records, liens, drivers license verification, motor vehicle violations, social security number verification, and any other information about my background. The consumer reporting agency will conduct the background check and provide requested information to the extent allowable under federal and state laws.

I further understand that separately, federal or state agencies may require as a condition of my working on a project for their agency a background investigation as well, which will likely include a criminal background check performed by the government and not a consumer reporting agency.

An investigative consumer report involves personal interviews and commonly seeks information regarding a consumer's character, general reputation, personal characteristics and mode of living. I understand information may be obtained by a consumer reporting agency by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in my report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. **Attached** is a copy of the Federal Trade Commission's Summary of Rights.

I understand that if I disagree with the accuracy of any information in the report, I must notify CITY OF SEABROOK, within 5 business days of my receipt of the report. If I notify CITY OF SEABROOK within 5 business days of the receipt of the report that I am challenging information on the report, CITY OF SEABROOK will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in my report.

I hereby consent to this investigation and authorize CITY OF SEABROOK to procure a report on my background as stated from above from a consumer reporting agency. This authorization will remain in effect throughout the term of my employment if I am so employed. A copy of this authorization has the same effect as an original.

X

(Signature of Applicant)

(Date)

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: _____

Hire _____ Not Hired _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files